

Durham Parks and Recreation School-Age Care Information Sheet

Participant's Name: _____

Current Grade: _____ Site _____ DOB _____

Parent's Name: _____

Contact Phone Numbers: (Primary) _____ Alternate) _____

The Durham Parks and Recreation Department does not provide one-on-one (1:1) support. If the participant needs this level of support, the parent/guardian will be responsible for providing it.

Please initial: _____ I acknowledge that if the participant needs 1:1 support that I am required to provide it.

Health History

Check items that apply, past or present, regarding your child's health history:

- | | | | |
|---|-----------------------------------|--|--|
| <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Heat Stoke/Exhaustion |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies _____ | (specify) |
| <input type="checkbox"/> Other _____ | (specify) | | |

If you check any of the following, you **MUST** complete an additional form ("Skills Inventory")

- | | | |
|---|--|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | <input type="checkbox"/> Down's Syndrome |
| <input type="checkbox"/> Autism Spectrum Disorder (Asperger's, Autism, etc.) | <input type="checkbox"/> Hard of Hearing/Deaf | |
| <input type="checkbox"/> Behavior/Emotional Disability (not related to ADD/ADHD) | <input type="checkbox"/> Sensory Integration/Processing Disabilities | |
| <input type="checkbox"/> Motor Impairment (Cerebral Palsy, Partial Paralysis, etc.) | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Intellectual Disability/Developmental Delay | <input type="checkbox"/> Other _____ | (specify) |

Please give detailed information below for any condition checked on this form. Use additional pages if necessary:

- ☐ My child does not have any medical or behavioral issues that will affect his/her participation in this program.

Medication Information

Will the participant need to take medication during the hours of the care program? ☐ Yes ☐ No

Will the medication be self-administered? ☐ Yes ☐ No *(If "yes", you MUST complete the "Medication Authorization Form for Self-Administration").*

Will the medication need to be administered by DPR staff? ☐ Yes ☐ No *(If "yes", you MUST complete the "Medication Administration Services Form").*

Please note: Only those medications, which are medically necessary and cannot be scheduled outside the hours of the Recreation Program, will be administered during the Recreation Program. Administration may only be done when the proper form is completed and submitted to the program supervisor.

I have read the conditions and information provided on this form (front and back) and understand all items. I agree to the following (please initial):

_____ Youth Program Participant Accident Insurance Coverage and Acknowledgement

_____ Rules of Conduct

_____ Waiver and Release

_____ Late Charges

_____ Emergency Contact Updates

_____ Refund of Fees

_____ Sign-in/Out

_____ Attendance Policy

_____ Photo/Video Release*

_____ Receipt of Parent Handbook

"Photo/Video Release" is the **only item that does not require agreement in order to register for the program.*

I understand and agree to the stated policies and procedures of the City of Durham Parks and Recreation Department's programs. I give my permission for my child to participate fully in Summer Camp, After School, Intersession or Fun Day activities.

Parent/Guardian Signature

Date

DPR Care Program Site Coordinator (Signature/ date) _____

Durham Parks and Recreation
School Age Care Programs
Conditions and Information for Participant Registration

Youth Program Participant Accident Insurance Coverage and Acknowledgement:

I acknowledge that there is a risk of accidental injury from participation in this recreational activity. Enrollment in this recreational activity includes insurance coverage provided by the City of Durham in the amount of \$100,000 for medical and dental expenses; \$500,000 for accidental death, dismemberment, loss of sight, speech and hearing, or paralysis. This insurance will pay after all other collectible insurance has been paid (i.e. applies on excess basis over \$100). There is only a one-year benefit period after the accident during which expenses are eligible for payment under this policy. I agree that the City of Durham will have no liability, and I will not hold the City of Durham to be liable, for accidents or injuries occurring during this recreational activity, other than the City's cost in providing this insurance policy.

Waiver and Release:

I hereby give my permission for my child to participate and be involved in the City of Durham Parks and Recreation's programs. By this authorization, I hereby approve of the program and accept the facilities, equipment and supervision as adequate and appropriate. I have the opportunity to inspect the premises and equipment and talk to the instructors prior to my child's participation, or waive the right to do so. Further, I understand there are certain risks inherent in participation in all team and individual recreational activities which are beyond the control of the participant or the staff of the City of Durham's Parks and Recreation. Immediately prior to any participation, I have the opportunity to inspect the facility or equipment and notify the instructor of any objection to the facility, equipment, instructors or supervision and have the choice whether to have my child participate in said program or activity. I hereby release the City of Durham from any liability or negligence claims concerning the instructor or the supervision, facilities or equipment used in the program named above.

Refund/Credit:

I understand that fee payments will not be refunded or credited unless I withdraw my child at least 14 days prior to the start of the program, *or* the program is cancelled by the City of Durham Parks and Recreation Department. (NOTE: Summer Camp "start" date is considered the first day of the entire summer program, for requesting a refund/credit of deposit payments).

Photo/Video Release:

I give permission to the City of Durham Parks and Recreation Department to photograph or videotape my child. I am agreeing: 1) to the City of Durham's right to use my child's likeness for purposes of education and promotion; and 2) that monetary compensation will not be given to me.

Late Charges:

I understand that a late pick up fee of \$20 is charged for every 15 minutes, or portion thereof, after scheduled end time of the program.

Sign-in/Out:

It is my responsibility to ensure that I sign my child in/out as required for DPR programs and activities.

Emergency Contact Updates:

I will update my child's emergency and other pertinent information, if changes occur.

Attendance Policy (Sliding Fee Scale):

I understand that using this reduced rate subjects me to the restrictions of the Sliding Fee Scale program, which allows Durham Parks & Recreation to temporarily suspend my approved reduced rate if my child is a "no show". A "no show" is defined as a participant who has not arrived on-site for the program by the time designated in program materials (parent handbook, handouts, etc.) and for whom parent has not notified staff within one (1) business day prior to the start of the program day.